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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

DRUNSIC

Serial No.: 09/776,524

Filed: February 2, 2001

Art Unit: 3628

Examiner: Richard C. Fults

Atty. Docket No.: 01-017-US

ADJUDICATION METHOD AND SYSTEM

RECEIVED

FEB 5 2004

GROUP 3600

Pittsburgh, Pennsylvania 15230

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

2. Small Entity status of this application has been established by a verified statement previously submitted.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

MAILED

deposited with the United States Postal Service on January 22, 2004 with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Debbie LeDonne


(Signature of person mailing paper or fee)**FACSIMILE**

transmitted by facsimile on [date] to the U.S. Patent and Trademark Office.

Type Signature Name

(Signature of person mailing paper or fee)

3. A verified statement to establish Small Entity status is enclosed.

4. Also enclosed:

5. No fee for extra claims is required.

6. The fee for extra claims has been calculated as shown below:

<u>Claims Remaining After Amendment</u> <u>(Col. 1)</u>	<u>Highest No. Prev. paid for</u> <u>(Col. 2)</u>	<u>Extra Present (Col. 3)</u>	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>		
			<u>RATE</u>	<u>Fee</u>	<u>RATE</u>	<u>Fee</u>	
Total Claims	33 - 23**	= 10*	X \$ 9	= \$	OR X	\$ 18	= \$180.00
Ind. Claims	6 - 4***	= 2*	X \$ 43	= \$	OR X	\$ 86	= \$172.00
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145	= \$	OR +	\$290	= \$
			<u>TOTAL</u>	= \$	<u>OR</u>	<u>TOTAL</u>	= \$352.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. Applicant encloses herewith a check for \$ [Amount] to cover the extra claims fee.

8. The Director is authorized to charge the \$352.00 filing fee to Deposit Account No. 18-0582.

9. The Director is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,

Frederick H. Colen, Esq.
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Dated: January 22, 2004